

FILED JUN 25 1943

318

Registration District No. Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Lutheran Hospital
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 2129 Russell Ave.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME AUGUSTA BRETTHAUER

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1943 hour 6 minute A M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased: December 4th 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6/2 43 6-12 43, 1943,
that I last saw her alive on 6-11-43, 1943;
and that death occurred on the date and hour stated above.
Immediate cause of death: Cardiac Thrombosis Duration

8. AGE: Years Months Days If less than one day
68 6 8 ..hr.min.

Due to.....
Due to.....

9. Birthplace: St. Louis, Missouri
(City, town, or county) (State or foreign country)

Other conditions: Cancer of uterus
(Include pregnancy within 3 months of death)

10. Usual occupation Housework

11. Industry or business At. Home

Major findings: Heart enlarged
Of operations: performed 6/7/43
Of autopsy: none

PHYSICIAN
Underline the cause to which death should be charged statistically.

12. Name Unknown Michel

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Bretthauer

(b) Address 2129 Russell Ave.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

17. (a) Burial (b) Date thereof June 15, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Churchyard

23. Signature Otto Hauser (M. D.)
Address 3157 1/2 Park av Date signed 6/14/43

18. (a) Signature of funeral director Wm. J. Robert L. & U. Co.

(b) Address 1905 South Grand Blvd.

19. (a) JUN 14 1943 (b) J. J. Gredek
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed William J. Hiron
Licensed Embalmer No. 4319
P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.